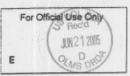
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2/25	2. Fiscal Year Covered From:		
	1 / 1 / 2001 Through: 12 / 31 / 2001		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name David Melman	Name UNITE		
	Labor Organization File Number 000-381		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 10th F100r		
Street 2116 Chestnut Street	Street 275 Seventh Avenue		
Cky Philadelphia	City New York		
State Pennsylvania ZIP Code + 4 19103	State New York ZIP Code + 4 10001		
5. Position in labor organization. Vice President			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City City			
State ZIP Code + 4			
Signal	ture		
15. Signature and verification. The undersigned declares, under penalty of Possibilities of the submitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true/correct, and complete. (See the section of the section	g documents), has been examined by the signatory and is, to the best of the		
signed DM Melm	On 4/2/105 2/5 5/69 3333		

N	ame	e of	Person	Filing

## David Melman

File Number U- 2/25

B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name Amalgamated Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 15 Union Square  City New York  State New York ZIP Code + 4 10003  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Amalgaated Bank  Trade Name, if any:	9. Business deals with:  X a. Labor Organization b. Trust c. Employer  11.a. Nature of such dealing.  No Stocks		
P.O. Box, Bldg., Room No., if any Street 15 Union Square			
sieet 15 offion square	11.b. Approximate dollar value of such dealing.	0	
City New York	12.a. Nature of interest held or income received.		
State New York ZIP Code + 4 10003	\$7,500.00 in fees		
	12.b. Amount.	\$7,500	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	37,300	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		